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| SERIAL NUMBER 09/392,019 | FILING DATE 09/08/99 | CLASS 381 | GROUP ART UNIT 2743 | ATTORNEY DOCKET NO. B0630/7020 |
|-----------------------------|-------------------------|--------------|------------------------|-----------------------------------|

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| APPLICANT | DAVID CAHILL, MERRIMAC, MA. |
| | **CONTINUING DOMESTIC DATA***** VERIFIED _____ |
| | **371 (NAT'L STAGE) DATA***** VERIFIED _____ |
| | **FOREIGN APPLICATIONS***** VERIFIED _____ |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/24/99 ** SMALL ENTITY ** | |

| | | | | | |
|---|---|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY MA | SHEETS DRAWING 2 | TOTAL CLAIMS 12 | INDEPENDENT CLAIMS 1 |
| Verified and Acknowledged Examiner's Initials _____ Initials _____ | | | | | |

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| ADDRESS | RONALD J KRANS DORF WOLF GREENFIELD & SACKS PC 600 ATLANTIC AVENUE BOSTON MA 02210 |
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| TITLE | THERMAL OVERLOAD AND RESONANT MOTION CONTROL FOR AN AUDIO SPEAKER |
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| FILING FEE RECEIVED \$445 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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Bib Data Sheet

CONFIRMATION NO. 9463

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|--|--|-------------------------------|---|--|
| SERIAL NUMBER 09/392,019 | FILING DATE 09/08/1999 RULE | CLASS 381 | GROUP ART UNIT 2644 | ATTORNEY DOCKET NO. B0630/7020 |
| APPLICANTS DAVID CAHILL, MERRIMAC, MA; | | | | |
| ** CONTINUING DATA ***** | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/24/1999 | | | | |
| ** SMALL ENTITY ** | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no | 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY MA | SHEETS DRAWING 2 | TOTAL CLAIMS 12 |
| Verified and Acknowledged | Examiner's Signature _____ Initials _____ | | | INDEPENDENT CLAIMS 1 |
| ADDRESS DR MARK FRIEDMAN LTD c/o Bill Polkinghorn - Discovery Dispatch 9003 Florin Way Upper Marlboro ,MD 20772 | | | | |
| TITLE THERMAL OVERLOAD AND RESONANT MOTION CONTROL FOR AN AUDIO SPEAKER | | | | |
| FILING FEE RECEIVED 445 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |



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CONFIRMATION NO. 9463

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| SERIAL NUMBER 09/392,019 | FILING OR 371(c) DATE 09/08/1999 RULE | CLASS 381 | GROUP ART UNIT 2644 | ATTORNEY DOCKET NO. B0630/7020 |
| APPLICANTS DAVID CAHILL, MERRIMAC, MA; | | | | |
| ** CONTINUING DATA ***** | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 09/24/1999 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance | | STATE OR COUNTRY MA | SHEETS DRAWING 2 | TOTAL CLAIMS 12 |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | INDEPENDENT CLAIMS 1 | | |
| ADDRESS DOUGLAS R. WOLF WOLF, GREENFIELD & SACKS, P.C. 600 ATLANTIC AVENUE BOSTON, MA 02210 | | | | |
| TITLE THERMAL OVERLOAD AND RESONANT MOTION CONTROL FOR AN AUDIO SPEAKER | | | | |
| FILING FEE RECEIVED 445 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |

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